

GIO Workers Compensation – Tasmania

Register of injuries

Section 1 injured worker details

Family name	<input type="text"/>	Given name	<input type="text"/>	
Address	<input type="text"/>		Postcode	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age	<input type="text"/>	
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital status	<input type="text"/>
Occupation	<input type="text"/>	Cost centre/dept	<input type="text"/>	

Section 2 accident details

Date of injury	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of injury	<input type="text"/> am/pm
Place/site of accident	<input type="text"/>	Cause of injury	<input type="text"/>
Nature of injury	<input type="text"/>	Bodily location	<input type="text"/>

Incident/accident description

First aid/medical treatment

Ceased work? No Yes Date / / Time am/pm

Comments

Name of person entering details

Signature

Date

 / /

Section 3 administrative details/follow up action

Workers Compensation claim lodged

No Yes Date / /

Return to work co-ordinator notified

No Yes Date / /

Expected date of return to duties

 / /

Alternate duties



Accident investigation carried out

No Yes Person carrying out investigation

Date / /

Action taken to prevent same/similar injury happening again

Incident notification report made to Workplace Standards Authority (if applicable)

No Yes

Comments

Signature Date / /

Name Position

How to return this form

- > Email: taswcomp@gio.com.au
- > Fax: 1300 725 847
- > Post: TAS, GPO Box 1136, Hobart, TAS 7001

How to contact us

- > Phone: 13 10 10
- > Web: gio.com.au

Who we are

This insurance is issued by AAI Limited ABN 48 005 297 807 trading as GIO.

